

KANSAS CRIMINAL JUSTICE COORDINATING COUNCIL**OFFICE OF THE GOVERNOR****FEDERAL & OTHER GRANTS PROGRAM**

CAPITOL, 300 SW 10TH AVENUE, STE. 212S, TOPEKA KANSAS 66612-1590

FAX: (785) 291-3204

JAG

FY 2006

PROGRAM INCOME/EXPENDITURE REPORT

(Due 15 Days After Close of Each Quarter or the First Business Day, by 5:00 P.M. Program Income must be expended before federal funds are requested as reimbursement.)

1. NAME AND ADDRESS OF SUBGRANTEE ORGANIZATION	2. GRANT PROJECT NUMBER	
	3. REPORTING PERIOD (MMDDYY) FROM: / / TO: / /	
4. GRANT AWARD AMOUNT	5. DATE OF REPORT	
6. NAME/TITLE OF AUTHORIZED AGENCY REPRESENTATIVE	7. PHONE NUMBER	8. SIGNATURE

9. PROGRAM INCOME EARNED:	<u>Forfeitures</u>	<u>Other Income</u>	<u>Total Income</u>
a. Program Income Earned Beginning Balance (line 10(c) of previous quarter's report)			
b. Program Income Earned During Quarter as a result of this grant project award	+		
c. Program Income Earned Ending Balance	=		
d. Grant Project Federal Portion (percentage of federal share per BSF)	x		
e. Federal Portion of Program Income Earned	=		

10. PROGRAM INCOME EXPENDED:	<u>Forfeitures</u>	<u>Other Income</u>	<u>Total Income</u>
a. Program Income Expended Beginning Balance (line 11(c) of previous quarter's report)			
b. Program Income Expended During Quarter	+		
c. Program Income Expended Ending Balance	=		
d. Grant Project Federal Portion (percentage of federal share per BSF)	x		
e. Federal Portion of Program Income Expended	=		

11. PROGRAM INCOME UNEXPENDED:	<u>Forfeitures</u>	<u>Other Income</u>	<u>Total Income</u>
a. Program Income Earned Ending Balance (copy line 10(c) from above)			
b. Program Income Expended Ending Balance (copy line 11(c) from above)	-		
c. Total Program Income Unexpended	=		

Approved by Office of the Governor:

Date: